DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185443	A. BUILDING _____ B. WING _____	C 02/08/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KENSINGTON MANOR CARE AND REHABILITATION CENTER	225 SAINT JOHN ROAD ELIZABETHTOWN, KY 42701

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An abbreviated survey investigating complaints (KY#15663, KY#15543, and KY#15754) was conducted on 02/08/11. KY# 15663 and KY15543 were unsubstantiated. KY#15754 was substantiated and a statement of deficiencies was issued.	F 000	**Kensington Manor** **Plan of Correction** **Abbreviated Survey** **February 8, 2011** Plan of Correction	
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the facility failed to ensure care and services were provided in accordance to the care plan for one (1) of seven (7) residents sampled. Resident #2 was care planned to be transferred with a mechanical lift with assist of two. However, on 12/16/10 a CNA (certified nursing assistant) transferred the resident by herself. The sling strap came out of the lift's holder and the resident fell to the floor. The resident was transported to the hospital with minor injuries. The findings include: Review of Resident #2's clinical record revealed the resident was admitted to the facility on 10/01/06. The record revealed a diagnosis of Senile Dementia. Review of the MDS (Minimum Data Set) assessment completed on 12/09/10 revealed the resident was total assist with all ADLs (activities of daily living) including transfers.	F 282	**This plan of correction is prepared and executed because it is required by the provisions of State and Federal Law and not because Kensington Manor agrees with the citations noted on the pages of this Statement of Deficiencies. Kensington Manor maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care.** F 282 1. Resident #2 was re-assessed for use of mechanical lift during transfers by the DNS on 12/17/2010. No change in plan of care was indicated. 2. Residents were re-assessed for use of mechanical lift for transfers by the Interdisciplinary Team on or before 3/01/2011. Care plans were updated as needed to reflect current status.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

X Maxine Moss — X Administrator — X 3/4/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 282	Continued From page 1 The resident was non-ambulatory. Review of the care plan revealed the resident was to be transferred with Hoyer lift and assist of two persons for all transfers. Review of the Kardex card (used to direct the nursing assistants on how to care for the residents) revealed the mode of transfer for this resident was to be lifted mechanically with "total assist of 2 with Hoyer." Continued review of the clinical record revealed a nurses' note dated 12/16/10 at 6:35pm, with an entry where the resident was being transferred via the Hoyer lift from the wheelchair to the bed. During that transfer, the lift's strap gave way and the resident fell onto the floor. Documentation revealed the resident hit the back of his head on the floor and was bleeding. First aid was provided and the resident was transported to the emergency room for further treatment. At 10:00pm, the resident returned from the hospital with the head wound cleaned and treated. The emergency room documentation revealed the resident's laceration required no sutures and the CT scan of the head revealed no abnormalities. The X-ray of the neck and head revealed no fractures. Interview with the Director of Nursing (DON) on 02/08/11 at 4:15pm revealed the CNA who was responsible for Resident #2 on 12/16/10 had transferred the resident by herself and failed to secure the lift sling strap prior to moving the resident. She stated all transfers with a mechanical lift were to be an assist of two persons for the residents' safety. She indicated the CNA had acted on her own and did not follow the care plan and Kardex when caring for this resident. It was "human error" that caused the resident to fall from the lift and not malfunction	F 282	3. Re education of the nursing staff was completed by the Staff Development Coordinator on 12/17/2010 regarding mechanical lift procedure and following plan of care. CNA #1 no longer at the facility. 4. The Director of Nursing Services and/or the Assistant Director of Nursing Services will audit the use of mechanical lifts and following the plan of care weekly for four weeks, then monthly for 2 months. The results will be reported to the PI Committee for review and evaluation. 5. Date of Compliance: 3/02/2011	

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F 282	Continued From page 2 with the lift. Interview with CNA #1 on 02/08/10 at 5:30pm revealed she and another CNA placed the resident in the Hoyer lift to transfer from the wheelchair to the bed. She stated the other CNA left the room and the sling strap came loose, causing the resident to fall onto the floor. She stated she had been trained by the facility on the proper use of the mechanical lifts. She indicated she knew all transfers via mechanical lifts were to be an assist of two persons. In addition, the care plan and Kardex directed for a two person assist with the Hoyer lift for all transfers. The CNA stated she had knowledge of this.	F 282		